

# D Voice Laryngeal Dystonia

Record ID

\_\_\_\_\_

## Gold Standard Diagnosis:

Does the patient have laryngeal dystonia as determined by qualitative expert team evaluation?  
(Select all that apply).

- ☐ Laryngologist
- ☐ Speech-Language Pathology
- ☐ Neurologist specializing in movement disorders

Did the patient have the following assessment?  
(Select all that apply).

- ☐ Aural-perceptual evaluation
- ☐ Laryngoscopy or stroboscopy
- ☐ Neurological evaluation

## 2. Disease Subtypes: (Select all that apply).

- ☐ Adductor laryngeal dystonia (ADLD)
- ☐ Abductor laryngeal dystonia (ABLD)
- ☐ Vocal Tremor
- ☐ Mixed laryngeal dystonia
- ☐ Singer's laryngeal dystonia (SLD)
- ☐ Adductor laryngeal spasms during inspiration (ARLD)

## Etiology

What is the etiology?

- ☐ Idiopathic
- ☐ Familial
- ☐ Trauma
- ☐ Unknown
- ☐ Other

Please specify

\_\_\_\_\_

Does the patient have any of the following concomitant conditions?  
(Select all that apply).

- ☐ Essential Tremor of the hands
- ☐ Essential tremor of the head
- ☐ Jaw tremor
- ☐ Dystonia of the head and neck
- ☐ Other type of dystonia

Other type of dystonia

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#### 4. Disease Severity

Degree of dysphonia

CAPE-V scale

Legend: C- Consistent I = Intermittent  
 MI = Mildly Deviant  
 MO = Moderately Deviant  
 SE = Severely Deviant

Overall Severity	MI	MO	SE
			
	(Place a mark on the scale above)		

Overall Severity	<input type="radio"/> Consistent <input type="radio"/> Intermittent
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Roughness	MI	MO	SE
			
	(Place a mark on the scale above)		

Roughness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
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Breathiness	MI	MO	SE
			
	(Place a mark on the scale above)		

Breathiness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
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Strain	MI	MO	SE
			
	(Place a mark on the scale above)		

Strain	<input type="radio"/> Consistent <input type="radio"/> Intermittent
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Pitch	MI	MO	SE
			
	(Place a mark on the scale above)		

Pitch (Indicate the nature of the abnormality):	_____
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Pitch	<input type="radio"/> Consistent <input type="radio"/> Intermittent
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Loudness	MI	MO	SE
			
	(Place a mark on the scale above)		

Loudness (Indicate the nature of the abnormality):	_____
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Loudness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
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Comments about resonance	<input type="radio"/> Normal <input type="radio"/> Other
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Please specify

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Additional Features  
(for example, diplophonia, fry, falsetto, asthenia, aphonia, pitch instability, tremor, wet/gurgly, or other relevant terms):

\_\_\_\_\_

**5. Treatment obtained**

Has the patient undergone any treatment for their condition?

☐ Yes  
☐ No

Select all that apply:

☐ Botox injections  
☐ Voice/speech therapy  
☐ Vibrotactile stimulation  
☐ Deep brain stimulation  
☐ Magnetic resonance imaging-guided focused ultrasound (MRgFUS)  
☐ Other

When was the last injection?

\_\_\_\_\_

(weeks ago)

Other, please specify

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